# The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIV NOVEMBER, 1958 NO. 9

LUDLOW HOSPITAL

(For Suburban Memorial Hospital, See Page 20)

Next Meeting December 16, (See Page 4).

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

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# The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult"
Hippocrates

Published monthly except July and August

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VOLUME XIV NOVEMBER, 1958 NO. 9

## EDITORIAL

### A DANGEROUS GAP

There is in the United States today a vast and dangerous gap between civil defense as it is and civil defense as it should be.

The Committee on Disaster Studies of the National Academy of Science-National Research Council has been in existence since December, 1951 . The Committee has sponsored a number of studies of disasters. Information on the medical care given casualties under disaster conditions has been amassed during the course of these studies.

Most of the available data has come from recent experience with disasters in the United States. Most of these disasters have been of the brief warning explosive type precipitating a sudden problem of mass casualties.

After the sudden impact of a disaster, notification of responsible officials has usually been haphazard. It appears that a full understanding of the magnitude of the disaster problem was reached by responsible officials.

The end results of hurried attempts at evacuation has been a general absence of first aid to disaster victims. With a few notable exceptions, the experience of the hospitals receiving disaster victims has been that less than 10 percent showed any evidence of first aid measures when they arrived.

Fractures have been transported largely unsplinted; hemorrhage has been controlled when the blood pressure fell or by crude measures such as stuffing lacerations with pieces of clothing. The proper use of tourniquets has rarely been observed.

Attempts to set up first aid stations within the impact zone have been made in almost all the major disasters studied. During the period of time in which the injured were being evacuated, these first aid stations have been largely by-passed both by the ambulatory victims and by the volunteers pro-

viding transportation.

In the disasters studied there has been very little evidence of any efforts to establish sorting of the injured at any point before they reached the hospitals. The dead, the seriously injured, and the slightly injured were transported indiscriminately. The ambulatory, who were usually less severely injured, often took it upon themselves to reach the nearest hospital.

In none of the disasters studied has any traffic control achieved success in designating the hospital to which the emergency ambulances were to be directed. The hospital nearest the disaster impact zone was the immediate goal. As soon as this hospital was flooded so that it became physically impossible to admit patients or even drive vehicles there, the traffic was diverted to the next nearest hospital and so on in a progressive wave-like flow from the nearer hospitals to the more distant hospitals. The general pattern has been that the nearest hospitals are overwhelmed and the hospitals more remote from the disaster zone receive fewer casualties than their reasonable share.

Those hospitals which have had a longer period of warning have been able to establish control over admission of injured patients better than those for whom no adequate warning has been possible. In general, also, those hospitals which have reached a more highly developed stage of pre-disaster planning have been successful in establishing better control over the admission of the injured.

Successful control over therapy given to disaster casualties has also appeared to be dependent on the level of planning attained by the hospital before disaster struck. In the absence of planning, personnel with special skills may be misused or wasted. Surgical procedures have been carried out by medical people with no surgical experience. (continued on page 13)

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# Delalutin

Squibb Hydroxyprogesterone Caproate

*potent*..."appears to be more potent than an equivalent amount of progesterone"

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**Usual adult dosage is 2 capsules q.i.d.**

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## NEXT MEETING

TIME: Tuesday, December 16, 6:30 P. M.

PLACE: Toto's Restaurant, Smith's Ferry, Holyoke.

DINNER: At expense of Society.

AGENDA: Important organizational, socio-economic and other business matters.

Your attendance is urgently requested!

Harry N. Memery
Secretary

## PUBLIC RELATIONS

A meeting of the State Public Relations Committee will be held on October 15, 1958 in Boston. Many important items are on the agenda. A report of this meeting will appear in the next issue of the Hippocrat.

Plans are being formulated for a television series weekly for ten consecutive weeks. Practical topics of interest to the public will be presented by members of our District Society. This is a substitute for the Health Forums previously conducted by this Committee.

It is our intention to again sponsor the Science Fairs at the various high schools and to make awards as in previous years.

J. M. Baker, M. D.,
Chairman,
Public Relations Com.

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# President's Page

## THE DRUG ACT

A warning was received recently by one of our District members against the dispensing of drugs. The warning came from a representative of the Board Of Registration in Pharmacy. I understand that several other members have received similar warnings.

The basis for these warnings is the so-called New Drug Act which became a state law in 1956. Why this unreasonable law was ever allowed to pass is difficult to understand. What is even more difficult to understand is that our State Legislative Committee has done so little to repeal it. It should be noted that we of Hampden District have repeatedly instructed our Legislative Councilor to exert all effort in the fight against a law, the letter of which (a) prohibits the physician to dispense or give away medicines, even ordinary samples; (b) prevents him from leaving with the patient a pain or sleeping capsule even if the call is in the middle of the night; and (c) makes it illegal for him to dispense drugs to farmers or villagers even where the drug store is many miles away.

As fantastic as these restrictions sound, the harsh penalties entailed are even more fantastic. For giving a patient a dozen quarter-grain phenobarbital tablets a judge may fine the doctor $1000.00 and may send him to jail for a year's time. As if to add insult to injury the enforcement of the Drug Act has been entrusted (in addition to the Mass. Dept. of Public Health), not to the Board of Registration in Medicine but to the Board of Registration in Pharmacy.

Although the Drug Act was sponsored by the State Pharmaceutical Association, all the local druggists I've talked with disapprove of it. They object to doctors selling drugs, which is understandable enough. On the other hand they realize that the act imposes undue infringements on the practice of medicine. Furthermore, they are anxious as we are, to avoid hard feelings between our two professions. Most of all they are fearful of the unfavorable reaction on the part of the public once the Drug Act is aired in the courts or in the press.

The warning received by our member, as regrettable as it is, may still do some good. Many physicians would welcome, if necessary, a test case. They sincerely believe that the courts will ultimately rule the Drug Act unconstitutional. They find it difficult to equate this act with the AMA's Code Of Ethics which states that a physician may dispense or supply drugs, as long as there is no exploitation of the patient.

Thomas J. Reilly, M. D.

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**Joint inflammation and muscle spasm are the two elements most responsible for disability in rheumatic-arthritic disorders—and MEPROLONE is the one agent that treats both.**

MEPROLONE suppresses the inflammatory process and simultaneously relieves aching and stiffness caused by muscle spasm, to provide greater therapeutic benefits and a shorter rehabilitation period than any single antirheumatic-antiarthritic agent.

MEPROLONE-2 is indicated in cases of severe involvement, yet often leads to a reduction of steroid dosage because of its muscle-relaxant action. When involvement is only moderately severe or mild, MEPROLONE-1 may be indicated.

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**MEPROLONE is the one antirheumatic-antiarthritic that exerts a simultaneous action to relax muscles in spasm and to suppress joint inflammation . . .**

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**Therefore, MEPROLONE does more than any single agent to help the physician shorten the time between disability and employability.**

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## G-P CORNER

The Springfield Chapter of The Academy of General Practice will present a symposium on Dec. 11, 1958 at the Springfield Municipal Hospital.

The program is as follows:

1:00 P. M. Dr. William Coen, Cardiac Emergencies in Gen. Practice.

1:30 P. M. Dr. Norman Pokorny, Allergy in Children.

2:00 P. M. Dr. John Turner, X-ray Sequence in Examinations.

2:30 P. M. Dr. Harry Roberts, Office Surgery.

3:00 P. M. Dr. John Ayres, Modern Trends in Public Health and Tuberculin Testing Technique.

3:30 P. M. Dr. Azel Barney, Menstrual Irregularities.

7:00 P. M. Dr. Joseph Hahn, Common Neurological Disorders.

7:30 P. M. Dr. James Lewis, Pulmonary Diseases.

8:00 P. M. Dr. David Williams, Treatment of Urinary Tract Infections.

8:30 P. M. Dr. James Fisher, Office Procedures in Orthopedics.

Marcus B. Fried, M. D.

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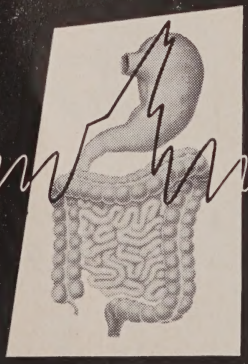

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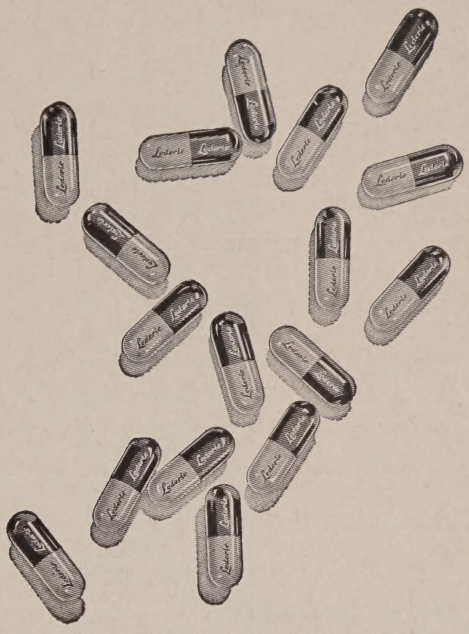
**with Phenobarbital** 15 mg.

- *is an effective dual antispasmodic*
- *combining musculotropic and neurotropic action plus mild central nervous system sedation for "the butterfly stomach."*

**dosage:** one tablet before each meal and at bedtime.

SEARLE



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Speed of absorption adds new emphasis to the benefits of true broad-spectrum action, minimum side effects and wide range effectiveness that have established ACHROMYCIN as an antibiotic of choice for decisive control of infection.

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ACHROMYCIN V dosage: Recommended basic oral dosage is 6-7 mg. per lb. body weight per day. In acute, severe infections often encountered in infants and children, the dose should be 12 mg. per lb. body weight per day. Dosage in the average adult should be 1 Gm. divided into four 250 mg. doses.

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## OCTOBER MEETING OF EXECUTIVE COMMITTEE

The following is a summary of the Executive Commitee meeting held on October 9th:

1) The next District Meeting will be held on Tuesday, December 16th at Toto's Restaurant, Smith's Ferry, Holyoke. Time 6:30 P.M. Dinner at the expense of the Society. (The change in date from December 2nd, as announced at the last District Meeting, was made to accommodate those physicians wishing to attend the Springfield Symphony.)
2.) Referred to the Legislative Committee a communication from a member of the Society who states he was warned by a member of the Board of Registration in Pharmacy to stop dispensing medication to his patients or he would be liable to prosecution.
3) Voted to poll the District membership by post card on Social Security for physicians.

The Hampden Hippocrat is requested to publicize the poll, prior to the date for mailing the cards. To avoid misunderstanding, the card will have only one statement on it: "I favor Social Security for physicians." "Yes" or "No". A line will be included for signature and the cards will also be numbered alphabetically. Members who do not return the card will be polled by telephone in order to insure a true vote of the Society.

In view of the overwhelming vote favoring Social Security by the members present at the District Meeting and the opposite view taken by the majority of the Councilors at the Boston meeting, the poll was felt to be indicated. A Massachusetts Medical Society Delegate to the A.M.A. is reported to have stated that he will not change his view on Social Security until the majority of the total membership votes "yes" to the question.

Harry N. Memery, Sec.

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## SOCIAL SECURITY, "YES" OR "NO?"

Within a few days, the "Social Security" questionnaire described above will reach every member of the District Society. All we are asked to do is to check mark the word "Yes" or "No" on the self-addressed post card, to sign it and to return it promptly to Secretary Memery. This will enable the Society to determine exactly how the membership feels about Social Security for physicians.

To help you make up your mind, a list of most, if not all, of the current pros and cons is printed below. These were collected from A.M.A. publications, from Medical Economics, from discussions at Society Meetings, and even the Staff Room. The purpose is not to sway you for or against Social Security but rather to throw as much light as possible on this very controversial subject.

**Pros**

Most of the arguments in favor of Social Security sound somewhat as follows:

"Everybody else has it, why not the doctors?"

"It's good old age protection for myself and my family."

"It's inevitable, why not now?"

"I understand it would cost more than $50,000 in private insurance to equal the benefits of Social Security."

"My senator tells me that the Jenkins-Keough bill would stand a better chance of passing if the doctors accepted Social Security."

**Cons**

The arguments against Social Security are more or less as follows:

"I can't collect Social Security if I earn more than $1,200.00 a year. Since practically no self-employed physician retires at 65 this means that my annual payments will benefit others, not me."

"Private insurance is better. I can collect on it regardless of what my income is at 65."

"If we accept Social Security we are sure to lose out on the Jenkins-Keough bill."

"The physician would have to pay both ends of Social Security. The employer's as well as the employee's"

"Social Security fosters socialized medicine."

It is because of this last point that the House of Delegates of the AMA has consistently expressed opposition to Social Security. It has opposed it not only because it is compulsory but also because it emasculates all opposition to federal control of medicine.

It should be noted that a large majority of the 214 members present at the last District meeting voted in favor of Social Security. However, at the Council meeting the next day the vote went against Social Security, primarily because of the eloquent forensic effort on the part of one of the Councilors.

These then are some of the salient arguments for and against Social Security. It is up to you now to make up your mind and to act accordingly. Whether "Yes" or "No", please return your card promptly, best of all the same day it reaches your desk. By so doing you will render a distinct service to yourself and your Society.

E.P.B & M.M.


when other therapy fails

**in dry eczema**

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**diaper rash**

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## MEDICARE CHANGES

Of interest to the members of the District are the proposed changes in the Medicare plan for servicemen's dependents. The annual appropriation for 1959 has been dropped from 100 million dollars to 70 million by Congress.

As a result certain curtailment of benefits and services will take place beginning Oct. 1, 1958. Included in these curtailments are all out-patient procedures—for minor fractures, lacerations, etc. Also there will no longer be provision for two well-baby check-ups in offices for new-born infants—only the initial care in hospital will be covered.

Up to Oct. 1, any dependent desiring civilian medical services had simply to seek them out. Now, however, any dependent residing with the serviceman, must first apply at a military installation for care, and only if the care *cannot* be provided there, will a permit be issued which will authorize the dependent to seek civilian medical attention.

In view of the large number of military dependents connected with Westover AFB who reside in this area, there have been a great many obstetric and pediatric claims processed by Medicare for Hampden District physicians during the last two years.

With the new changes in mind, the Hippocrat recently contacted the Medical department at Westover to learn how they would affect the members of our District. A spokesman at the Base Hospital explained that physical limitations prevent the base from accommodating any more than 50 - 60 Obs patients per month, so that the overflow to civilian care will continue after Oct. 1st just as in the past. And of course the Base Pediatric facilities will not be enlarged either.

In summary, local physicians will probably see as many Medicare cases in 1959 as they did in '58,—but be sure your patient has a valid permit from Westover, or you may wind up providing free care—not Medicare.

John A. Burke, M. D.

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## REPORT OF COMMITTEE ON INSURANCE, LABOR RELATIONS, AND INDUSTRIAL ACCIDENTS.

**(As presented at District Meeting, Sept. 30, 1958.)**

We have had two meetings. The first was held with a labor group representative and its insurance carrier. Complaints of what was thought to be excessive fees were discussed and, we believe, amicably resolved. The second meeting dealt with orientation. It is our feeling that information is now our main objective. This is to be done by noting and reporting such activities as relate to our committee. An informational bibliography on Insurance, Industrial and Labor Relations problems should be kept, and probably even recorded in The Hippocrat. In its last issue, Dr. W. Platt informs us of the existence of The Health Insurance Council and of its desire to improve Medico-Insurance relations. After much discussion it was felt that if the Health Insurance Council, Labor, Industrial Management, and the doctors would discuss their problems it might prove of great value to our District Society.

I move, Mr. President, that such a meeting be held.

Eugene W. Beauchamp, Sr., M.D.
Chairman

### A Dangerous Gap

(continued from page 2)

Under these conditions of confusion, methods of therapy found by experience to be best for injuries of the type encountered in disasters have sometimes been discarded.

In the two tornadoes in which medical care has been best studied, the accepted surgical technique of complete debridement with preparation of the wound for delayed closure was seldom used.

Most of the hospitals which have been hard pressed by the flow of injured from disasters have actually performed no more than the number of major operations of a normal working day; but the operations were carried out at an accelerated rate working continuously from the time of impact. The implication is that such a limited load of major surgical operations could be handled in the hospitals normally available for the care of major disaster casualties in a reasonably leisurely fashion, with competent personnel, and with due regard for the usual therapeutic criteria.

The medical profession appears still to be relatively unfamiliar with plasma volume expanders and few have been used in disasters. It may be that the necessity of crossmatching and the need for attention to the details of intravenous administration have discouraged the use of blood and fluids. The experience of those who managed the intravenous therapy of victims of the Cocoanut Grove disaster indicate that fluids and colloid can be administered in large volume if the medical personnel are well organized.

X-ray examinations have been done under disaster conditions with two general philosophies prevailing. Quite commonly x-rays have been done with urgency and in large volume as soon as possible after the arrival of the injured persons at the hospital. A few hospitals have deliberately delayed most x-rays for twelve to twenty-four hours after the injury, either because of preplanning or because of the physical limitations of the x-ray facilities. There is little evidence that any great harm was done by this delay.

Experience has shown that one of the major problems confronting the hospital administrator in the period of turmoil associated with a disaster has been the problem of handling the relations of the hospital with the public and the press. Many hospitals appear to have given relatively little thought to this problem until it was thrust upon them by a sudden disaster. Many unexpected and difficult situations have arisen.

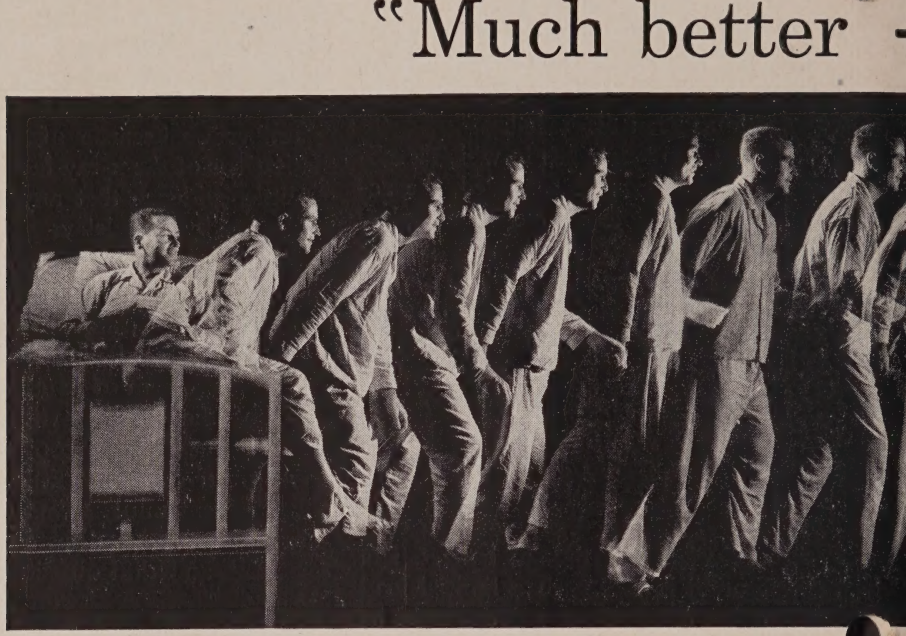
Finally, certain medical teams operating with coolness, precision, and careful planning have shown by the successful results of their therapy that the care of disaster injured can be accomplished in "natural disasters".

It should be recognized that a disaster of cataclysmic proportions would doom any plan for disaster management which is based upon active voluntary co-operation of nonmilitary agencies.

What is the solution to this problem of "Civil Defense"? Granted, we as a medical group should have our hospitals prepared through planning for relatively minor disasters, but it is obvious that many more services besides medical are involved. Can you possibly imagine the situation, however, in a disaster of cataclysmic proportions? There would be utter chaos.

(continued on page 24)

"Much better



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antibacterial plus added protection against monilial superinfection

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REFERENCES: 1. Carlozzi, M.: Ant. Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W. and Staffa, A. W.: Ant. Med. & Clin. Therapy 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: Glucosamine and Leukemia. Proc. Soc. Exp. Biol. & Med. 84:41, 1953. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L. A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: Ant. Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley. W.: Ant. Med. & Clin. Therapy 5:322 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

# thank you, doctor"

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## REPORT OF THE BLUE SHIELD COMMITTEE

**(Presented at District Meeting September 30, 1958.)**

The District Society's resolution of February 4, 1956, dealing with certain Blue Shield problems, was an outstanding item of business at our last annual meeting. This resolution which was forwarded to the Central Professional Service Committee of Blue Shield on July 1, 1958, was presented to the Council in October. It was then presented by the Executive Committee to its sub-committee on Blue Cross-Blue Shield Problems for consideration. A letter from State Secretary, Dr. Buck gave certain information regarding our six-point resolution which is of interest:

1. Recommendation #1 having to do with informing individual doctors when major changes in Blue Shield are proposed, and that they be polled in advance of vote by Council, has been covered in the by-laws of Blue Shield which have just been revised.
2. Recommendation #2 having to do with proper respect for Council rules and the irregularity of the proceedings on February 6, 1958. Dr. Buck states that this is a general statement and there is no question of the propriety of the original procedure last February.
3. Recommendation #3 opposed the increased appropriation of medical service, i.e. pathology, anesthesiology, and radiology, by the Blue Cross Hospital Plan. A report of the Blue Shield Committee on Hospital Professional Relations and the Massachusetts Hospital Association is said to be in process at the present time.
4. Recommendation #4 had to do with the request for the institution of a public relations campaign indicating how Blue Shield premiums and doctors' fees are behind the increased cost of living, due to the contributions that have been made by physicians to the voluntary medical care insurance program. In answer to this, Dr. Buck states that this is a problem for the Blue Shield Public Relations Department.
5. Recommendation #5 concerns the Medicare fee schedule. This schedule was set up to cover families at the $4500.00 yearly income level. The same fee schedule is being used by Massachusetts Blue Shield to cover higher income level groups. It was recommended that a fee committee be charged with correcting these schedules. In answer it is stated that the United States Government has absolute control over Medicare and all our Society can do is negotiate with them. Drs. McDaniel and Wallwork are the negotiators for the Massachusetts Medical Service. Dr. Charles Hayden reports on September 16, 1958, that Medicare appropriations were reduced approximately $20,000,000.00 this year by Congress. Medicare negotiators felt that orthopedic and otolaryngology fees were too high. Blue Shield officials are presently reviewing the results of the negotiations and a new schedule is in the making.
6. The determination of income levels of subscribers through the Blue Shield office rather than the doctor's office. The reply was that this matter has been studied repeatedly. Results are available in past proceedings of the Council.

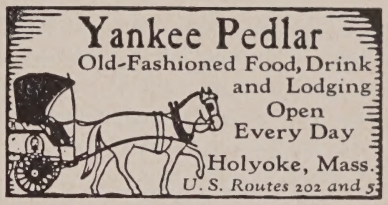
There have been four problems presented to the Committee. One was referred from Blue Shield directly and two from a physician. Another case was referred by an oral surgeon. Three of these problems have been settled with reasonable satisfaction to all concerned; the fourth problem will be discussed at a meeting to be held in Boston.

A meeting of the Chairmen of the Blue Shield Committees has been called for October 8th, in Boston. Your Chairman plans to attend. The agenda for the meeting is as follows:

1. Consideration of suggested plans and media for improving communications between Blue Shield and participating physicians.
2. Discussion of problems relating to enrollment, underwriting and processing of claims.
3. Discussion of this question: When a physician travels beyond the customary orbit of his practice, should he be privileged to charge a reasonable fee for travel time?

Any suggestions as to your wishes in these matters will be gladly received and presented at the meeting.

M. Gene Black, M.D., Chairman

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| Niacinamide | 15 mg. |
| Folic Acid | 1 mg. |
| Pyridoxine HCl ($B_6$) | 0.5 mg. |
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| Purified Intrinsic Factor Concentrate | 0.5 mg. |
| Iron (as $FeSO_4$) | 10 mg. |
| Iodine (as KI) | 0.5 mg. |
| Calcium (as $CaHPO_4$) | 145 mg. |
| Phosphorus (as $CaHPO_4$) | 110 mg. |
| Boron (as $Na_2B_4O_7.10H_2O$) | 0.1 mg. |
| Copper (as CuO) | 1 mg. |
| Fluorine (as $CaF_2$) | 0.1 mg. |
| Manganese (as $MnO_2$) | 1 mg. |
| Magnesium (as MgO) | 1 mg. |
| Potassium (as $K_2SO_4$) | 5 mg. |
| Zinc (as ZnO) | 0.5 mg. |

*Reg. U. S. Pat. Off.

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IN MEMORIAM

MATTHEW J. BACHULUS, M. D.

1901 - 1958

Doctor Matthew J. Bachulus of Longmeadow died in the Springfield Hospital on October 27, 1958.

Dr. Bachulus was born in New Britain, Connecticut on November 1, 1901. He graduated from Bowdoin College; received his formal medical education at the Harvard Medical School; trained in surgery at the Massachusetts General Hospital, the Deaconess Hospital, Boston, and the Walpole Cancer Hospital, Walpole, Massachusetts.

Dr. Bachulus was a surgeon on the senior staff of the Springfield Hospital, a member of the courtesy staff at the Wesson Memorial Hospital, and formerly on the staff of the Westfield State Hospital. He was a member of the American Medical Association, Hampden District Medical Society, and the Massachusetts Medical Society. He was also a fellow of the American College of Surgeons.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

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## COUNCIL MEETING HIGHLIGHTS

The October 1st Council meeting of the M.M.S. was attended by more than 200 councilors including the full contingent of Hampden District. President Lund had matters well under parliamentary control throughout the session.

The note of the Boston Medical Library was reduced by the annual sum of $2,000 as is usually the case. The Committee on Maternal Welfare requested a further five year study. It was approved. The Committee on Welfare problems reported that a dollar increase for each house visit made by physicians to public recipients would be recommended to the Welfare Commissioner, Mr. Tompkins.

The Committee on By-Laws and Council Rules recommended a change in the method of examining applicants for membership:

That applicants for fellowship receive a copy of the by-laws, principles and ethics prior to their examination, so that they can be examined on these. Now they do not receive a copy until after they have been admitted to membership.

The subject of a member of a committee of the council, who had been elected to that position for a number of years (such as, nominating councilor who is elected for a period of five years) and who fails to be re-elected to the Council was brought up, an attempt to clarify this situation was made. This has been referred to the Committee on By-Laws.

The Committee on Insurance and Investment Problems recommended that, the Massachusetts Medical Society continue with the Lumbermen's Mutual Insurance Company. After much conferences on the subject: An Adjudication Committee was set up to review any claims under dispute with the company.

It was recommended that the fees for patients insured under the Major Medical Coverage contracts should not differ from those usually or ordinarily charged by the physician in his daily practice. It is recognized that these fees may vary from doctor to doctor, patient to patient, and community to community, that they will not necessarily conform to any definite schedule of fees.

The Statement of Principles governing certain Physician-Lawyer relationship as submitted by the Committee on Public Relations was debated. This report is very similar to the one which Hampden District has had in operation for the past year or so.

A resolution condemning the action of a member of the Massachusetts Department of Public Health for his statements to the press regarding the medical profession and Societies, including Hampden, and their attitude for the use of polio vaccine was adopted.

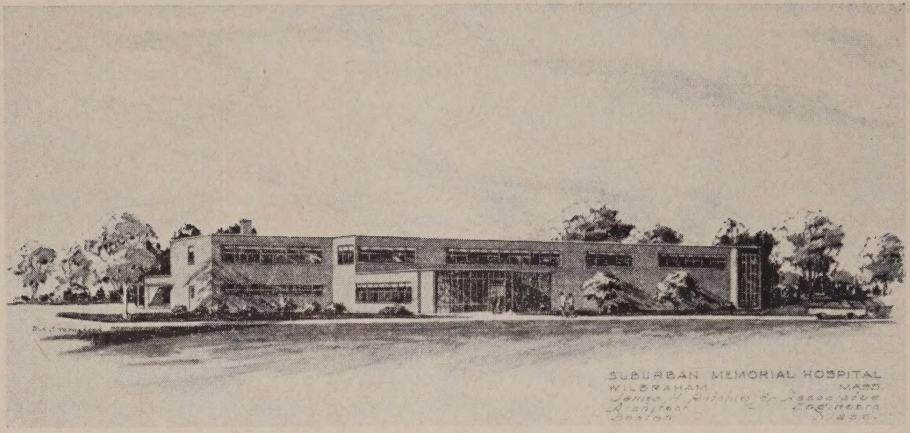
Several Districts reported that their memberships were in favor of Social Security. An impassionate plea by a councilor against the philosophy of Social Security seemed to have won the day and the resolution was tabled.

Doctor Kathleyne Snow of Jamaica Plain, was nominated as the Massachusetts candidate for General Practitioner of the year.

The application of the Ware District for transfer from the Hampshire to the Hampden District (with a 100% membership of the Ware doctors applying) was read and referred to the Committee on Membership.

Ralph T. Miller, M. D.

## HOSPITAL CONSTRUCTION




### VI — Suburban Memorial Hospital

The beginning of construction of the new Suburban Memorial Hospital ——to serve six communities——is scheduled for the late fall of 1958 on an attractive eleven acre site in Wilbraham.

The start of construction will be the culmination of a program that began more than two years ago on the part of trustees and doctors of Ludlow Hospital, along with Frank G. Bisson administrator of Ludlow Hospital.

After careful study it was felt that the new hospital was needed to provide nearby medical care for the estimated 50-60,000 persons who live in Ludlow, Wilbraham, East Longmeadow, Indian Orchard, Hampden and Sixteen Acres.

The design of the hospital has been prepared after many conferences between representatives of Ludlow Hospital and James H. Ritchie and Associates of Boston, architects and engineers. A building fund drive was launched two years ago and officials report that over 80% of the goal has been reached. Amounts pledged by residents and businesses of the area plus the $256,000 Hill-Burton award gives impetus to the plans for construction bids to be let in September. The hospital will cost approximately $625,000.

Meanwhile, fund-raising will continue since financial support is still needed, especially from industries in this area.

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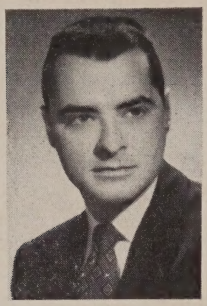
## NEW MEMBERS



**Eugene W. Beauchamp, Jr.**

Home: 90 Melha St., Springfield, Mass.
Office: 1570 Main St., Springfield
Born: December 21, 1927
Medical School:
Jefferson Medical College, M.D. 1950
Temple University—D. Sc. (Surg.) 1957
Internship:
St. Francis Hospital, Hartford, Conn.
Residency:
Temple University, School of Medicine Medical Center
Specialty: General Surgery

**Karel J. Susat, M. D.**

Office: 188 Chestnut Street, Holyoke, Mass.
Born: 1916 - Czechoslovakia
Medical School:
(1) Prague University Medical School—1939
(2) Oxford University, Great Britain, 1943
Residencies:
(1) Prague University Hospital, 1945—50
Surgery
(2) Royal National Orthopedic Hospital, London, 1951—52
Orthopedic Surgery
(3) Mass. Veterans Hospital, Holyoke, 1953—1957
Surgery
Specialty: Surgery

## REPORT OF COMMITTEE ON HEALTH AND ACCIDENT INSURANCE

**(Presented at Sept. 30 Meeting.)**

A meeting was held by this committee on September 28th. It was considered opinion that the State Society had best stay with the Lumbermen's Mutual Insurance Company rather than switch to another insurance company which might be offering the Society a group insurance contract.

The committee discussed other plans, read summaries submitted by other insurance companies and feels that there is really no substitute for a non-cancellable guaranteed renewable contract. It should be taken while young and insurable. Such contracts are from good insurance companies and are available from your insurance brokers without too much underwriting.

It is recommended that the members of the District Society vote to sustain the action of this committee and to notify the Council at its meeting in October of the District's vote.

William J. Cosgriff, M. D.
Chairman

## MERCY TOURNAMENT

The second annual Mercy Hospital Tournament was held at the Springfield Country Club on Wednesday, October 8, 1958. The winning foursome consisted of Drs. Sady, Gregory, Lanigan and Rini. Second place was won by the foursome of: Drs. Ziter, Alicandri, Millman and Clarke.

Low gross: Dr. Sady. Second low gross: Dr. Alicandri.

Low net: Dr. Kresock, who was awarded the Cunningham cup. Second low net was tied by Drs. Clarke and Keefe.

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### A Dangerous Gap

(continued from page 13)

One solution would be to scrap the voluntary system of our present Civil Defense. No volunteers can be pushed into effectively organizing an efficient system for the treatment of millions of casualties. We know that martial law will of necessity be declared in such a disaster.

The Army has refused to accept the responsibility of "Civil Defense" on the premise that it will be busy with other tactical problems at such a time. This problem, however, is rightly theirs. There must be a full time nucleus of men and women trained to handle all disaster problems. The communication, transportation, supply, engineering, security, etc., should be under federal military control and not under the individual state control of the National Guard. A large reserve force, properly trained, by this nucleus would fill the gap.

There are other things we could do to help our nation prepare for disaster problems. We should urge our schools to include a practical first aid program in every high school curriculum. This would eventually build-up a large continuous source of first aiders.

Our warning devices for local and national disasters should be the finest and most efficient in this age of electronics. Such devices should be acquired by all hospitals, fire and police departments, and key medical personnel. Proper appropriations and government expenditures are necessary to accomplish this.

Furthermore, with all the discussions about shelters, it would seem logical that we should survey our present building programs. Throughout the nation, homes, stores, schools as well as hospitals are being constructed without cellars. Right in our own community, new homes and schools are being built without cellars of any kind. Can you visualize the tragedy if suddenly this community was notified by telephone, radio and television during the daytime that within one hour or less we would be hit by a Tornado. Where would these families or school children seek shelter? There should be legislation requiring at least basements in homes, schools, industrial units and hospitals of the future.

As a county medical society, we should take cognizance of these deficiencies in our present national disaster control planning or "civil defense" and urge our A.M.A. Council on National Defense to take more positive steps in the right direction. Let us wake up and realize what a failure "Civil Defense" really is with its present system of voluntary co-operation of non-military agencies.

G.A.V.

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## ACADEMY

**November Meeting.**

The speaker at the November 11th meeting of the Springfield Academy of Medicine will be Arnold P. Friedman, M.D., Columbia University College of Physicians & Surgeons, and Physician-in-Charge, Headache Unit, Montefiore Hospital, N. Y. His topic will be "Mechanism and Treatment of Migraine Headache".

The Clinic that day will be conducted by Arnold P. Friedman, M.D., at the Springfield Hospital at 5 P. M.

**December Meeting.**

At the December 9th meeting a panel on "Diabetes" will be held. The participants and their topics are as follows:

1. "Management of Diabetes in Youth and in Pregnancy".
   Dr. Priscilla White, Assistant Professor of Pediatrics, Tufts University School of Medicine, and Physician, Joslin Clinic and New England Deaconess Hospital.
2. "The Oral Hypoglycemic Agents".
   Dr. Samuel B. Beaser, Clinical Associate in Medicine, Harvard Medical School, and Consultant to Diabetes Clinic, Medical Service, Beth Israel Hospital.
3. "Peripheral Vascular Disease in Diabetics". Dr. Edward D. Frank. Associate in Surgery, Harvard Medical School, and Associate Visiting Surgeon, Beth Israel Hospital.

The pre-meeting clinic will be held at the Wesson Memorial Hospital at 5 p. m.

* * *

Members of the Springfield Academy of Medicine who desire to receive Category "1" credit from the American Academy of General Practice should sign the attendance sheet which is provided at both the pre-meeting clinics and the regular Academy meetings. One hour's credit is allowed for each.

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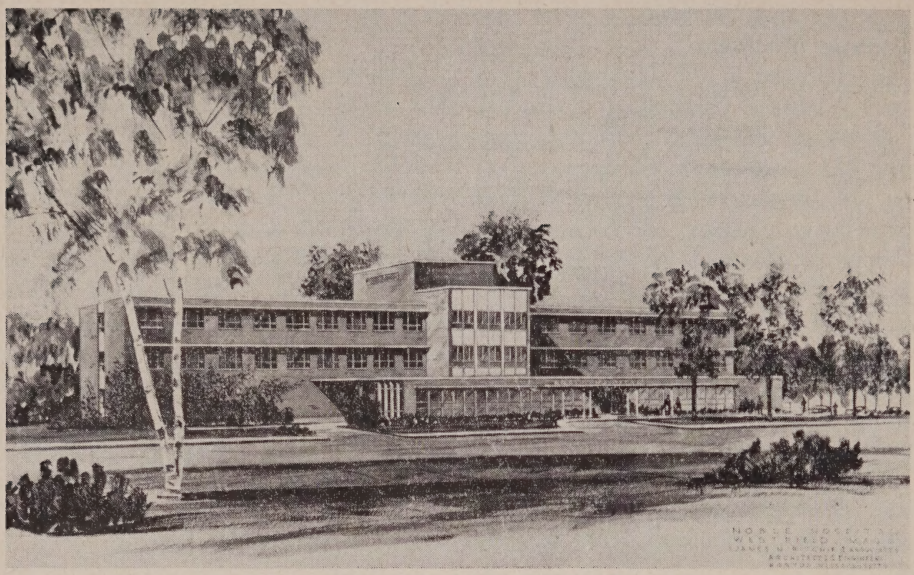

## NOBLE HOSPITAL DEDICATION

Dedication ceremonies of the new Noble Hospital, Westfield, took place at 2:00 P. M., October 25, 1958. In spite of unpleasant weather several hundred people attended the outdoor exercises.

Most Rev. Christopher J. Weldon gave the main address, following an invocation by Rabbi Herman E. Snyder of Springfield. A symbolic key ceremony took place in which the contractor, architect, and chairman of the Building Committee participated. Sidneg G. Davidson, administrator, opened the glass doors to a loud round of applause.

The new Noble is an up-to-date general hospital with modern facilities for 109 bed patients. It will furnish a long-needed and welcome addition to the community. Actual moving day has not been designated, but has been cautiously estimated as at the "middle of November".

### Other Westfield Items

History in the making may be disclosed in the following quote from the Westfield Labor Council Year Book of 1958, recently off the press, "The Westfield Labor Council AFL-CIO are studying the feasibility of building a labor temple with modern facilities with free medical services for union members and their immediate families."

* * *

Charles R. Holt, M. D., known to many during his residency at the Westfield State Sanatarium, Cancer Service, has associated himself as surgeon at the Douglas Clinic. He will make his home on Churchill Road, West Springfield.

* * *

Dr. A. J. Douglas, who had most to do with firing the enthusiasm of the people of Westfield to the need of a new Noble hospital, regrettably could not officiate as President of the Staff at the dedication exercises. The near-octagenarian had to interrupt his practice the week before to submit to surgery at Albany Hospital. He has made a good recovery and is expected to perform the first major operation at the new hospital. Holleran

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This 650-bed medical center will cost $10 to $12 million and is scheduled for completion in 1960. Underground construction was decided upon when the contractor determined that it would cost no more than above ground construction and probably less. Swedish engineers have confirmed this and today Sweden's largest hospital has fully equipped underground facilities." AMA

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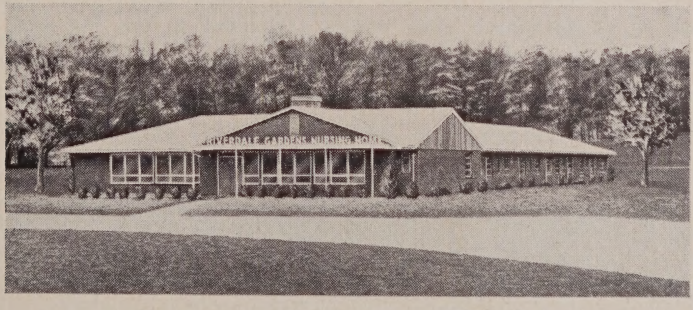

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## CORRESPONDENCE

### Third Party?

Dear Hippocrat,

Since time immemorial medical ethics has defined the doctor-patient relationship as strictly a two-party system. Grievance committees of medical societies therefore consider complaints brought only by the aggrieved patient, never by a third party.

It seems that today some mechanism might be established which would permit complaints from a third party, namely the person who pays the bills. This always used to be the patient, but today the Industrial Accident Board, Blue Shield, Welfare and Veterans' services have taken on much of this function. These organizations are able to protect themselves against excessive charges and other abuses by insisting on strict adherence to fixed fee schedules. However Union Health and Welfare Funds and insurance companies who provide similar coverage have no such protection, and by trying to pay all or the major part of the patient's expenses, leave themselves open to occasional exploitation and abuse. Such instances to be sure are rare, but they do apparently exist and have caused considerable resentment in labor and insurance circles, especially since they have no recourse except to the courts. Unless the patient is dissatisfied with the service rendered, he will rarely complain since he does not have to pay the bill.

In view of the fact that fee schedules of the type recently suggested by the Committee on Insurance, Labor Relations and Industrial Accidents have been disapproved by the Society it would seem that the least we can do is to create a mechanism for processing complaints brought in by these organizations. This might serve to improve public relations. It might aid also in heading off "health centers" and "closed panel" systems, with which we are constantly threatened.

Ralph T. Miller, M.D.

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ADVANTAGES: Bon-Tabs depresses the appetite without causing the nervousness that usually accompanies the use of antiobesity agents. A further advantage is that nervous tension-hunger due to restlessness is reduced. Since it has been shown that vitamins increase the appetite, vitamins are not present in the Bon-Tabs formula.

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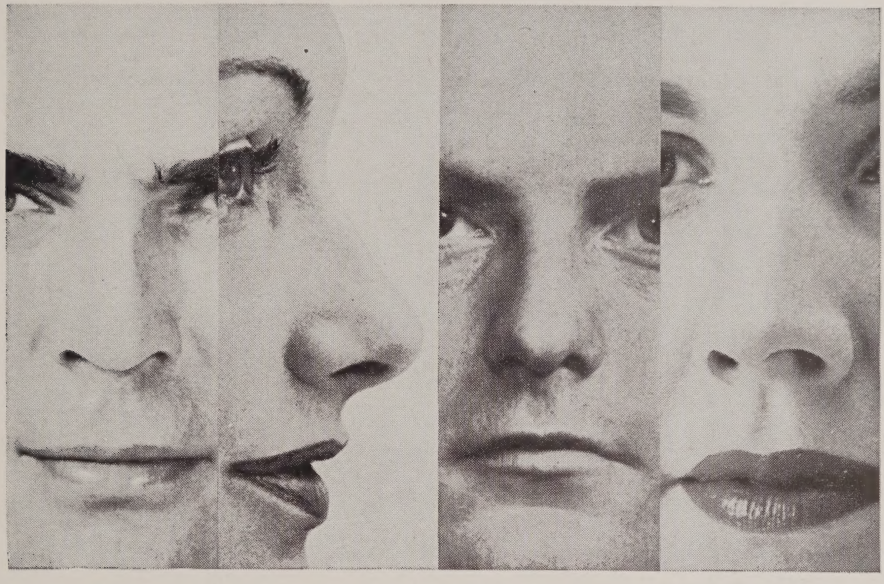

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